

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation)
Against:)**

Diana Maria Prince, M.D.)

Case No. 800-2017-035225

**Physician's and Surgeon's)
Certificate No. A 63605)**

**Respondent)
_____)**

DECISION

**The attached Stipulated Settlement and Disciplinary Order is hereby
adopted as the Decision and Order of the Medical Board of California,
Department of Consumer Affairs, State of California.**

This Decision shall become effective at 5:00 p.m. on September 5, 2019

IT IS SO ORDERED August 6, 2019

MEDICAL BOARD OF CALIFORNIA

By:



**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 REBECCA D. WAGNER
Deputy Attorney General
4 EMILY L. BRINKMAN
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9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13
14 In the Matter of the Accusation Against:
Diana Maria Prince, M.D.
15 **FMS**
5900 STATE FARM DR
16 **ROHNERT PARK, CA 94928**
17 **Physician's and Surgeon's Certificate**
No. A 63605

18 Respondent.

Case No. 800-2017-035225

OAH No. 2019050899

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
24 of California (Board). She brought this action solely in her official capacity and is represented in
25 this matter by Xavier Becerra, Attorney General of the State of California, by Rebecca D.
26 Wagner, Deputy Attorney General.

27 ///

28 ///

2. Respondent Diana Maria Prince, M.D. (Respondent) is represented in this proceeding by attorney Thomas E. Still, whose address is: Hinshaw, Marsh, Still & Hinshaw, LLP, 12901 Saratoga Ave., Saratoga, CA 95070.

3. On or about October 3, 1997, the Board issued Physician's and Surgeon's Certificate No. A 63605 to Diana Maria Prince, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-035225, and will expire on February 28, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-035225 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on November 20, 2018. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-035225 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-035225. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

///

1 **CULPABILITY**

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a prima facie case with respect to the charges and allegations contained in Accusation
4 No. 800-2017-035225 and that she has thereby subjected her Physician's and Surgeon's
5 Certificate No. A 63605 to disciplinary action.

6 10. Respondent agrees that if she ever petitions for early termination or modification of
7 probation, or if an accusation and/or petition to revoke probation is filed against her before the
8 Board, all of the charges and allegations contained in Accusation No. 800-2017-035225 shall be
9 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
10 any other licensing proceeding involving Respondent in the State of California.

11 **CONTINGENCY**

12 11. This stipulation shall be subject to approval by the Medical Board of California.
13 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
14 Board of California may communicate directly with the Board regarding this stipulation and
15 settlement, without notice to or participation by Respondent or her counsel. By signing the
16 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek
17 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
18 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
19 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
20 action between the parties, and the Board shall not be disqualified from further action by having
21 considered this matter.

22 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
23 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
24 signatures thereto, shall have the same force and effect as the originals.

25 13. In consideration of the foregoing admissions and stipulations, the parties agree that
26 the Board may, without further notice or formal proceeding, issue and enter the following
27 Disciplinary Order:

28 \\\

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 63605 issued to Respondent Diana Maria Prince, M.D. is publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This public reprimand is issued in connection with the allegations as set forth in Accusation No. 800-2017-035225.

EDUCATION COURSE. Within six months calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 15 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course.

PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its

1 designee not later than 15 calendar days after successfully completing the course, or not later than
2 15 calendar days after the effective date of the Decision, whichever is later

3 ACCEPTANCE

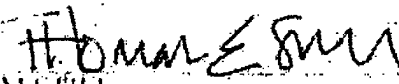
4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
5 discussed it with my attorney, Tom Still. I understand the stipulation and the effect it will have
6 on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
7 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
8 Decision and Order of the Medical Board of California.

9
10 DATED: 7/17/19


11 DIANA MARIA PRINCE, M.D.
Respondent

12 I have read and fully discussed with Respondent Diana Maria Prince, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
14 I approve its form and content.

15
16 DATED: 7-17-19


17 TOM STILL
Attorney for Respondent

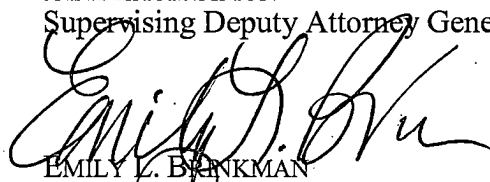
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: July 22, 2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General


EMILY L. BRINKMAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-035225

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Nov 20, 2018
BY 28211112 ANALYST

8
9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2017-035225

14 **Diana Maria Prince, M.D.**
15 **FMS**
16 **5900 STATE FARM DR.**
17 **ROHNERT PARK, CA 94928**

A C C U S A T I O N

18 **Physician's and Surgeon's Certificate**
19 **No. A 63605,**

Respondent.

20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer
24 Affairs (Board).

25 2. On or about October 3, 1997, the Medical Board issued Physician's and Surgeon's
26 Certificate Number A 63605 to Diana Maria Prince, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on February 28, 2019, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code provides, in pertinent part, that the Medical Board shall have responsibility for:

“(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

“(b) The administration and hearing of disciplinary actions.

“(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

“(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

“(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

“...“

5. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

1 “(5) Have any other action taken in relation to discipline as part of an order of probation, as
2 the board or an administrative law judge may deem proper.

3 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
4 review or advisory conferences, professional competency examinations, continuing education
5 activities, and cost reimbursement associated therewith that are agreed to with the board and
6 successfully completed by the licensee, or other matters made confidential or privileged by
7 existing law, is deemed public, and shall be made available to the public by the board pursuant to
8 Section 803.1.”

9 6. Section 2234 of the Code, states, in relevant part:

10 “The board shall take action against any licensee who is charged with unprofessional
11 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
12 limited to, the following:

13 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
14 violation of, or conspiring to violate any provision of this chapter.

15 “(b) Gross negligence.

16 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
17 omissions. An initial negligent act or omission followed by a separate and distinct departure from
18 the applicable standard of care shall constitute repeated negligent acts.

19 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
20 that negligent diagnosis of the patient shall constitute a single negligent act.

21 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
22 constitutes the negligent act described in paragraph (1), including, but not limited to, a
23 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the
24 applicable standard of care, each departure constitutes a separate and distinct breach of the
25 standard of care.

26 “(d) Incompetence.

27 “ . . . “
28

7. Section 2242(a) of the Code states that prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022¹ without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

BACKGROUND FACTS

8. At all times relevant to this matter, Respondent was a Family Practice Physician working at the Kaiser Permanente Medical Group.

9. Beginning in April 2009 and continuing to 2012, Respondent treated Patient P-1² for various medical complaints, including, primarily, chronic pain from degenerative lumbar disc disease, anxiety, depression and grief. Respondent initially performed a physical examination, and prescribed Carisoprodol³, Oxybutynin Chloride⁴, Morphine⁵, Promethazine⁶, and Hydrocodone-Acetaminophen⁷. Thereafter, Patient P-1 and Respondent communicated mostly by email or telephone call. Patient P-1 requested, and Respondent prescribed, potent opioids such as Percocet (also known as Endocet or Oxycodone-Acetaminophen)⁸ for her breakthrough pain. Patient P-1 frequently requested early refills of medications.

10. By August 2009, Patient P-1 complained of anxiety and requested Xanax⁹. Although Respondent informed Patient P-1 that it is “very dangerous to mix with opiate pain medication

¹ Dangerous drug means any drug unsafe for self-use in humans or animals including drugs that require a prescription to be lawfully dispensed.

² The patient is designated in this document as Patient P-1 to protect her privacy. Respondent knows the name of the patient and can confirm her identity through discovery.

³ A muscle relaxant commonly used to treat muscle pain and discomfort.

⁴ Ditropan is a trade name of this medication often used to treat bladder issues by decreasing muscle spasms.

⁵ Morphine is an opioid analgesic and a dangerous drug as defined in section 4022 and a schedule II controlled substance. It is used for relief from moderate to severe pain.

⁶ A medication often combined with narcotic pain medication after surgery to improve the effectiveness of the pain medication.

⁷ Also known as hydrocodone bitartrate which is a semisynthetic narcotic analgesic and a dangerous drug as defined in section 4022 and a Schedule III controlled substance.

⁸ Percocet and Endocet are trade names for Oxycodone and Acetaminophen combined. Oxycodone is an opioid pain medication sometimes called a narcotic and Acetaminophen is a less potent pain reliever that increases the effect of the oxycodone. Oxycodone is a dangerous drug as defined in section 4022 and a schedule II controlled substance. It is a more potent pain reliever than morphine or hydrocodone.

⁹ Alprazolam is also commonly known by the trade name Xanax and is a benzodiazepine. It is a psychotropic drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance.

1 and I am not sure this is the best option", she nevertheless began to prescribe Xanax.
2 Antidepressant medication was added, and over time, Patient P-1's life spiraled out of control as
3 she lost her job and health insurance, and her husband died. Throughout 2009-2010, Respondent
4 continued to prescribe large quantities of Xanax and Percocet, usually without seeing Patient P-1,
5 and in spite of red flags such as requests for early refills and the patient acknowledging she was
6 taking her medication in amounts greater than prescribed.

7 11. In an April 2010 email, Respondent noted to Patient P-1 that she was taking more
8 than 5 Xanax per day and that Respondent was "completely terrified" by that, and that
9 Respondent was "creating a person who is WAY overusing these medications." She further
10 stated that "I am VERY uncomfortable with the Xanax use and am risking my medical license if
11 we continue on this way." A subsequent email cautioned Patient P-1 that Xanax and Morphine
12 were "a potentially dangerous combination". Respondent continued to prescribe these
13 medications even after she learned that Patient P-1 had been psychiatrically committed.

14 12. By 2011, Respondent changed Patient P-1 from Xanax to Clonazepam¹⁰ based on
15 Patient P-1's telephonic assertion that Xanax was no longer effective. The prescribing pattern
16 continued in spite of an April 2011 notification from a pharmacy questioning the prescriptions
17 and early refills, and in spite of a documented notation that "[p]atient has clearly over used the
18 medication due to her severe depression and anxiety around her bereavement, unemployment and
19 near homelessness."

20 13. By August 2011, Respondent acquiesced to Patient P-1's request to switch from
21 Oxycodone to the more potent Oxycontin¹¹.

22 14. On December 12, 2011, Patient P-1 called Respondent and stated she wanted to try
23 Seroquel¹² again for sleep. Respondent prescribed Percocet and Seroquel along with

24 ¹⁰ Clonazepam is a medication used to treat panic disorder and is a tranquilizer of the
25 benzodiazepine class. It is a Schedule IV Controlled Substance and a dangerous drug as defined
in section 4022.

26 ¹¹ OxyContin is a trade name for oxycodone hydrochloride controlled-release tablets.
27 Oxycodone is a dangerous drug as defined in section 4022 and a Schedule II Controlled
Substance. It is a more potent pain reliever than morphine or hydrocodone.

28 ¹² Seroquel is the trade name for Quetiapine and is an antipsychotic used to treat
depression, schizophrenia and bipolar disorder.

1 Trazodone¹³. Eleven days later, Patient P-1 called and requested Zoloft¹⁴ and Xanax which were
2 prescribed along with Seroquel.

3 15. On February 29, 2012, Patient P-1 called and reported a "mental breakdown" and that
4 she was having "falls due to back pain" and had some wounds forming from the falling.
5 Respondent refilled her patient's medications including Trazodone 100 milligrams, Alprazolam
6 (Xanax) 2 milligrams, Oxycodone-Acetaminophen (Percocet) 10/325 and Sertraline (Zoloft) 100
7 milligrams.

8 16. On March 26, 2012, Patient P-1 called Respondent to request an early refill of Xanax.
9 Respondent complied and ordered the Xanax refilled early.

10 17. Respondent finally saw Patient P-1 one time on April 13, 2012. Respondent noted
11 that her patient had "severe depression and chronic pain" and "is taking much more than
12 prescribed dosage" of Xanax up to 8 per day "despite my warnings that this is too much for her".
13 Respondent noted that the patient was positive for depression and suicidal ideas and negative for
14 substance abuse. Nevertheless, Respondent continued prescribing controlled substances to
15 Patient P-1 including Carisoprodol (Soma) 350 milligrams, Seroquel, Sertraline, Alprazolam
16 (Xanax), Trazodone, Oxycodone-Acetaminophen (Percocet), and asthma medication.

17 18. On April 20, 2012, Patient P-1 called crying and in panic stating she was going
18 through withdrawal, admitted to overuse and that was why she was running out early. The patient
19 wanted more medicine as soon as possible and reported she was out of Percocet, Xanax and
20 Soma. Respondent noted patient "really needs a psychiatrist" but had no resources to get one.
21 The patient stated she had not slept for four days, was paranoid, had tremors, was hallucinating
22 and seeing spiders when she goes outside. Respondent called in an early refill of Soma and
23 Xanax and Zoloft.

24 19. On April 24, 2012, Patient P-1 called and said Hidden Valley Pharmacy would only
25 give her one week of medication but that she had no car so very difficult to go back each week.

26
27 ¹³ Trazodone is an antidepressant used to treat major depressive disorder and anxiety
disorders.

28 ¹⁴ Zoloft is a Selective Serotonin Reuptake Inhibitor (SSRI) used to treat depression and
post-traumatic stress disorders (PTSD).

1 The patient claimed again that a roommate took all the medications of a three-month refill.
2 Respondent assisted patient in changing her pharmacy and sent additional prescriptions to the
3 new pharmacy.

4 20. On May 2, 2012, Patient P-1 called and was "depressed and crying" and wanted to
5 restart Wellbutrin¹⁵. Respondent told patient that she cannot give her more Xanax because she is
6 already on "twice the recommended dose." Respondent prescribed 150 milligrams of Wellbutrin.

7 21. On May 11, 2012, Patient P-1 called "pretty agitated" and claimed having a panic
8 attack and said she will run out of Trazodone tomorrow, needed to be able to increase Percocet to
9 8 per day and needed Xanax. Respondent refilled Percocet and Trazodone.

10 22. On June 15, 2012, Patient P-1 advised by telephone she had a new address.
11 Respondent ordered Trazodone 150 milligrams and Percocet sent to her new pharmacy, Coyote
12 Pharmacy. On June 20, 2012, Respondent refilled prescriptions for Soma, Trazodone, Zoloft,
13 Wellbutrin and Xanax.

14 23. On June 22, 2012 Respondent spoke to Patient P-1 for the last time who said she had
15 not received her Percocet. Respondent sent her patient a month of Hydrocodone-Acetaminophen
16 (Norco) 10/325 and refilled the Soma, Trazodone, Zoloft, Wellbutrin and Xanax.

17 24. Patient P-1 was found dead on July 1, 2012 from "acute oxycodone toxicity." Patient
18 P-1 had a combination of alcohol, benzodiazepines¹⁶, carisoprodol and opioids¹⁷ in her blood at
19 the time of death.

20 CAUSE FOR DISCIPLINE

21 **(Unprofessional Conduct: Gross Negligence, Repeated Negligent Acts, Incompetence and**
22 **Improper Prescribing Without an Appropriate Prior Examination and Medical Indication)**

23 **(Code Sections 2234(b),(c),(d) and 2242)**

24 25. Respondent is subject to disciplinary action under section 2234, subdivisions (b)
25 (gross negligence), (c) (repeated negligent acts), (d) (incompetence) and 2242 (improper

26 ¹⁵ Wellbutrin is a trade name for Bupropion which is used to treat depression.

27 ¹⁶ Benzodiazepines are commonly known as tranquilizers and are often used to treat
anxiety.

28 ¹⁷ Opioids are narcotics, which block feelings of pain, and are often prescribed after
surgery, severe injury or for chronic pain.

1 prescribing) of the Code in that Respondent has committed gross negligence and/or repeated
2 negligent acts and/or incompetence and/or improper prescribing without an appropriate prior
3 examination and medical indication in the practice of medicine as described above, including, but
4 not limited to, the following:

5 A. Respondent failed to adequately take a medical history and conduct a physical
6 examination for multiple medical problems including, but not limited to, chronic pain, anxiety
7 and depression, while prescribing controlled substances. The circumstances are described below:

8 After initial visits with Patient P-1, most of Respondent's care of her patient was done by
9 email or telephone, without a physical exam or personal encounter, including, but not limited to:
10 ordering Xanax despite acknowledging it is "dangerous to mix with opiate pain medication";
11 refilling controlled substances including benzodiazepines and opioids; prescribing a new
12 antidepressant to add to a current one; and refilling Percocet.

13 B. Respondent failed to create a clear treatment plan with objectives by which the
14 treatment plan could be evaluated, such as pain relief and/or improved physical and psychosocial
15 function. The circumstances are described below:

16 Respondent prescribed high doses of opioids and benzodiazepines without a clear treatment
17 plan. Patient P-1's medical records show several examples of the necessity of a clear treatment
18 plan including: dosage levels of Xanax being described as "not enough" by the patient;
19 withdrawal symptoms occurring from lack of Xanax; evidence of overuse of medications;
20 suicidal thoughts; early refills; and inadequate psychiatric follow up. And yet, Respondent
21 created no corresponding treatment plan to include, for example, a tapering plan for medications,
22 a referral plan to pain management, more frequent visits, or small prescription intervals.

23 C. Respondent failed to conduct periodic reviews of the course of treatment to include
24 new information about the etiology of the pain or the patient's state of health. Respondent failed
25 to evaluate progress toward treatment objectives despite continuing and modifying controlled
26 substance prescriptions, adequate physical examinations or evaluations to continue the prescribed
27 treatments that include combinations of controlled substances with a risk of overdose and death.
28 The circumstances are described below:

1 During the course of treatment, Respondent failed to perform adequate examinations or
2 evaluation of her patient in person. Respondent prescribed combinations of controlled substances
3 with a risk of overdose and death. Respondent only conducted a handful of face-to-face visits
4 with many refills of prescriptions, Respondent continued to prescribe controlled substances and
5 changed them with no physical exam. She prescribed early refills and antibiotics without seeing
6 the patient. By the time of the patient's final physical exam, patient was overusing her
7 medications and had asked for many early refills.

8 D. Respondent failed to adequately monitor the patient's safety while on combinations
9 of controlled substances with a risk of overdose and death. The circumstances are described
10 below:

11 Respondent prescribed controlled substances without adequate monitoring and surveillance.
12 Respondent did not closely monitor her patient who was on a combination of controlled
13 substances, some of them in high doses, while the patient had uncontrolled symptoms.
14 Respondent was aware of the dangerous possible interactions between opioids and
15 benzodiazepines, yet she prescribed them without seeing the patient in person. Respondent
16 repeatedly gave early refills despite no physical examinations, based on the patient's request and
17 a variety of excuses that should have been red flags for medication abuse. Respondent continued
18 to refill prescriptions without a tapering plan despite recognizing the need for tapering.
19 Respondent acknowledged "risking (her) medical license" because of the high doses of Xanax she
20 prescribed, and yet, Respondent prescribed even higher doses despite Patient P-1's promises to
21 try to cut down. Respondent failed to refer her patient to the emergency room or to insist on a
22 visit despite the patient complaining of withdrawal symptom, suffering from delirium tremens,
23 and appearing to be in an altered state. Respondent prescribed a three-month supply of
24 medications and prescribed Seroquel all at the patient's request when the patient stated that she
25 had moved. Respondent continued to prescribe and change the combinations and doses of
26 controlled substances, despite the patient not having health insurance through Kaiser, for over a
27 year without a physical exam.

1 By the time Respondent saw her patient again after she obtained health insurance after a
2 year and a half with no visits, her patient was overtaking benzodiazepines and was on a cocktail
3 of medications that synergistically ran the risk of respiratory depression and death, including
4 Xanax, Soma, Oxycodone, Trazodone and Seroquel. Respondent continued to prescribe these
5 combinations of controlled substances despite her patient admitting to overusing, running out
6 early and withdrawing from controlled substances. Respondent increased the doses at times
7 without seeing her patient or referring her to the emergency room. Despite the patient's history of
8 overuse of medications, Respondent appeared to increase her patient's Percocet less than two
9 months before her death. Towards the end of Patient P-1's life, she ran out of Percocet so
10 Respondent prescribed a month supply of Hydrocodone-Acetaminophen (Norco), but then a week
11 later the Percocet was refilled at the pharmacy. Despite worrying about the high doses of Xanax
12 and counseling her patient against increasing the dose of Xanax, Respondent still prescribed
13 increasing doses. Respondent was concerned about patient's overuse of medications two years
14 before her death, but continued to prescribe, at times, at increasing amounts despite prescribing
15 more than the psychiatrist allowed. Despite acknowledging the risks and concerns related to
16 overprescribing in combinations of drugs, Respondent did not adequately create a corresponding
17 plan to address these concerns, such as tapering, referral to pain management, more frequent
18 visits, or smaller prescription intervals.

19 PRAYER

20 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
21 and that following the hearing, the Medical Board of California issue a decision:


- 22 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 63605,
23 issued to Diana Maria Prince, M.D.;
- 24 2. Revoking, suspending or denying approval of Diana Maria Prince, M.D.'s authority to
25 supervise physician assistants and advanced practice nurses;
- 26 3. Ordering Diana Maria Prince, M.D., if placed on probation, to pay the Board the costs
27 of probation monitoring; and
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4. Taking such other and further action as deemed necessary and proper.

DATED:

November 20, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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